

EXHIBIT B

LARSON & STEPHENS
810 S. Casino Center Blvd., Suite 104
Las Vegas, Nevada 89101
Tel: (702) 382-1170 Fax: (702) 382-1169

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FLAGSTAFF LANDSCAPE PRODUCTS, INC.

PO Box 30326
Flagstaff, AZ 86003

Statement

Date

08/31/2008

Account #

To:

Pinnacle Grading
313 S. Aztec
Golden Valley, AZ 86413

A Late Fee of 6% will be charge if payment is not
made by the 15th of the following month.

Eligible Discount if paid in Full by the 15th	Due Date	Amount Due	Amount Enc.
	09/15/2008	\$2,335.97	

Date	Transaction			Amount	Balance
01/31/2008	Balance forward				21,775.92
02/28/2008	INV #4460. Sawmill Job --- Dump Fee-Fill (24"), 141.48 @ \$1.00 = 141.48 --- Dump Fee-Standard Contamination, 53.27 @ \$15.00 = 799.05 --- Tax: Sales Tax @ 8.326% = 0.00			940.53	22,716.45
02/28/2008	INV #4461. Sawmill Job --- Dump Fee-Fill (24"), 150.23 @ \$1.00 = 150.23 --- Tax: Sales Tax @ 8.326% = 0.00			150.23	22,866.68
02/28/2008	INV #4463. Sawmill Dr. --- Dump Fee-Fill (24"), 222.57 @ \$1.00 = 222.57 --- Tax: Sales Tax @ 8.326% = 0.00			222.57	23,089.25
02/28/2008	INV #4466. Sawmill Job --- Dump Fee-Fill (24"), 176.05 @ \$1.00 = 176.05 --- Tax: Sales Tax @ 8.326% = 0.00			176.05	23,265.30
02/28/2008	INV #4467. Sawmill Job --- Dump Fee-Fill (24"), 104.15 @ \$1.00 = 104.15 --- Dump Fee-Standard Contamination, 20.37 @ \$15.00 = 305.55 --- Tax: Sales Tax @ 8.326% = 0.00			409.70	23,675.00
02/28/2008	INV #4468. Sawmill Job --- Dump Fee-Fill (24"), 190.61 @ \$1.00 = 190.61 --- Tax: Sales Tax @ 8.326% = 0.00			190.61	23,865.61
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	709.63	324.98	1,301.36	\$2,335.97
Phone #	Fax #				
928-526-0801	928-526-6580				

FLAGSTAFF LANDSCAPE PRODUCTS, INC.

Statement

PO Box 30326
Flagstaff, AZ 86003

Date

08/31/2008

Account #

To:

Pinnacle Grading
313 S. Aztec
Golden Valley, AZ 86413

A Late Fee of 6% will be charge if payment is not
made by the 15th of the following month.

Eligible Discount if paid in Full by the 15th

Due Date

Amount Due

Amount Enc.

09/15/2008

\$2,335.97

Date	Transaction			Amount	Balance
02/28/2008	INV #4471. Sawmill Job --- Dump Fee-Fill (24"), 121.54 @ \$1.00 = 121.54 --- Tax: Sales Tax @ 8.326% = 0.00			121.54	23,987.15
02/28/2008	INV #4494. Sawmill Job --- Dump Fee-Fill (24"), 44.58 @ \$1.00 = 44.58 --- Tax: Sales Tax @ 8.326% = 0.00			44.58	24,031.73
02/29/2008	INV #FC 205. Finance Charge --- Finance Charge \$1,306.56			1,306.56	25,338.29
03/07/2008	PMT #3563. Paid By: Pinnacle Grading, Inc.			-20,506.90	4,831.39
04/10/2008	INV #5118. Sawmill Job --- Recycled ABC Agg., 13.87 @ \$10.00 = 138.70 --- Tax: Sales Tax @ 8.326% = 11.55			150.25	4,981.64
04/10/2008	INV #5119. Sawmill job --- Recycled ABC Agg., 13.37 @ \$10.00 = 133.70 --- Tax: Sales Tax @ 8.326% = 11.13			144.83	5,126.47
04/30/2008	INV #FC 231. Finance Charge --- Finance Charge \$289.88			289.88	5,416.35
05/31/2008	INV #FC 262. Finance Charge --- Finance Charge \$324.98			324.98	5,741.33
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	709.63	324.98	1,301.36	\$2,335.97
Phone #	Fax #				
928-526-0801	928-526-6580				

FLAGSTAFF LANDSCAPE PRODUCTS, INC.

PO Box 30326
Flagstaff, AZ 86003

Statement

Date

08/31/2008

Account #

To:

Pinnacle Grading
313 S. Aztec
Golden Valley, AZ 86413

A Late Fee of 6% will be charge if payment is not
made by the 15th of the following month.

Eligible Discount if paid in Full by the 15th

Due Date

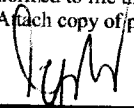
Amount Due

Amount Enc.

09/15/2008

\$2,335.97

Date	Transaction				Amount	Balance
06/30/2008	INV #FC 350. Finance Charge --- Finance Charge \$344.48				344.48	6,085.81
07/31/2008	INV #FC 385. Finance Charge --- Finance Charge \$365.15				365.15	6,450.96
08/21/2008	PMT #4396. Paid By: Pinnacle Grading, Inc.				-4,114.99	2,335.97
CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due	
0.00	0.00	709.63	324.98	1,301.36	\$2,335.97	
Phone #	Fax #					
928-526-0801	928-526-6580					

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Rhodes Design & Development Corp. aka Rhodes Homes</u>		Case Number: <u>BK-S-09-14818-LBR</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Treva Hinds & Teofilo Jose</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <u>329 W. Padre</u> <u>Santa Barbara, CA 93105</u>		
Telephone number: <u>(805) 252-4271</u>		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>11,000</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>Services owed</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>0895</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: <u>5/5/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center; margin-top: 10px;">  </div>		FOR CREDITOR ONLY MAY 12 2009 By <u>Omni Management Group, Claims Agent</u> For U.S. Bankruptcy Court

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 939.1 of Nevada



0000 2233333333333333

Irene Mindo
329 W. Padre
Santa Barbara, CA 93105

RECEIVED
MAY 08 2009
BY:

Heritage Land Company, LLC
c/o Omni Management Group, LLC
16161 Ventura Blvd., Ste. C
PMB 477
Encino, CA 91436

B10 (Official Form 10) (12/08)

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim Form (if not already filled in)**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002 (g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state the annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing.

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to the other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offer to Purchase Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 et seq.), and any applicable orders of the bankruptcy court.

B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT District of Nevada		PROOF OF CLAIM	
Name of Debtor: <u>The Rhodes Companies LLC</u>		Case Number: <u>09-14814</u>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Simplex Grinnell</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: Simplex Grinnell Attn: Bankruptcy 50 Technology Drive Westminister, MA 01441 978-731-8270		Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): Same		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>4624.94</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.	
2. Basis for Claim: <u>Service performed / Goods sold</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	
3. Last four digits of any number by which creditor identifies debtor: <u>1196831</u> 3a. Debtor may have scheduled account as: <u>1196831</u> (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(4).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>4624.94</u>		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)().	
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____	
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Date: <u>6/14/09</u>		FOR COURT USE ONLY	
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Bonleena A/R Specialist		FILED JUN 24 2009	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

 By Omni Management Group, Claims Agent
 For U.S. Bankruptcy Court
 District of Nevada

D-U-N-S 09-4738007
FED. ID 58-2608861**SimplexGrinnell** BE SAFE.A Tyco International Company
District # 435
1545 PAMA LANE
LAS VEGAS, NV 89119-4304
702-739-1921
Billing Questions, Contact =

INVOICE NO.

64391520

INVOICE DATE

03-05-09

PO NUMBER

SERVICE
REQUEST #

12767082

SERVICE REQ.
CREATED

03-03-09

NATIONAL ACCOUNT NUMBER

PAYMENT TERMS

COD

Bill To: 435-01196831Rhodes Homes
4730 S Ft Apache Rd
Ste #300
LAS VEGAS NV 89147-0000**Ship To:** 435-01680401X-It Condos
9050 W Tropicana
LAS VEGAS NV 89147-0000**"Let us know how we are doing"**
www.simplexgrinnell.com**Service Requested By:** Dean Griffith**Requestors Phone Number:** 702-328-9552

Description of work

Tech arrived on site on 3/4/09 and began trouble shooting ground fault. Tech returned on 3/5/09 and continued trouble shooting ground fault mapnet channel 4 and it is between bldg 21 and 16. Tech repulled new underground wire to clear trouble. System is normal.

Signature authorization on file
Thank you

Labor

\$1,282.50

Material

Other

\$81.00

Invoice Amount

\$1,363.50

Taxes

\$0.00

Total Invoice Amount

\$1,363.50

Payment Received

\$0.00

WE ACCEPT ALL MAJOR CREDIT CARDS

Total Amount Due

\$1,363.50

SimplexGrinnell BE SAFE.

A Tyco International Company

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE

\$1,363.50

BILL TO Rhodes Homes
435-01196831
SHIP TO X-It Condos
435-01680401

INVOICE NUMBER 64391520

INVOICE DATE 03-05-09

CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine

IL

60055-0320

6000136350264391520

☐ Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at www.simplexgrinnell.com

SimplexGrinnell BE SAFE.

A Tyco International Company

Billing Questions:

District # 435
 1545 PAMA LANE
 LAS VEGAS, NV 89119-4304
 702-739-1921

INVOICE NO.

64391520

DATE OF INVOICE

03-05-09

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
12767082	18805457	05-MAR-09	ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	3 HR	\$513.00
12767082	18815732	05-MAR-09	ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	3 HR	\$513.00
12767082	18785788	05-MAR-09	TRUCK CHARGE	TRUCK CHARGE	1 EA	\$81.00
			ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	1.5 HR	\$256.50

D-U-N-S 09-4738007

FED. ID 58-2608861

SimplexGrinnell BE SAFE.

A Tyco International Company

District # 435

1545 PAMA LANE

LAS VEGAS, NV 89119-4304

702-739-1921

Billing Questions, Contact =

Bill To: 435-01196831

Rhodes Homes

4730 S Ft Apache Rd

Ste #300

LAS VEGAS NV 89147-0000

INVOICE NO.

64458281

INVOICE DATE

03-27-09

PO NUMBER

SERVICE
REQUEST #

12930002

SERVICE REQ.
CREATED

03-26-09

NATIONAL ACCOUNT NUMBER

PAYMENT TERMS

COD

Ship To: 435-01680401

X-It Condos

9050 W Tropicana

LAS VEGAS NV 89147-0000

"Let us know how we are doing"

www.simplexgrinnell.com

Service Requested By: Linn Hughes**Requestors Phone Number:** 702-287-1319

Description of work

Tech arrived on site on 3/26/09 and an electrician was working on building 21 and had the breakerooff. This caused the AC power failure. Tech turned breaker back on and the trouble cleared. System is normal.

Signature authorization on file

Thank you

Labor	\$342.00
Material	
Other	\$81.00
Invoice Amount	\$423.00
Taxes	\$0.00
Total Invoice Amount	\$423.00
Payment Received	\$0.00

WE ACCEPT ALL MAJOR CREDIT CARDS

Total Amount Due **\$423.00****SimplexGrinnell BE SAFE.**

A Tyco International Company

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE

\$423.00

BILL TO Rhodes Homes
435-01196831
SHIP TO X-It Condos
435-01680401

INVOICE NUMBER 64458281

INVOICE DATE 03-27-09

CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine

IL 60055-0320 1000042300664458281

☐ Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at **www.simplexgrinnell.com**

SimplexGrinnell BE SAFE.

A Tyco International Company

Billing Questions:

District # 435
 1545 PAMA LANE
 LAS VEGAS, NV 89119-4304
 702-739-1921

INVOICE NO.

64458281

DATE OF INVOICE

03-27-09

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
12930002	19015917	26-MAR-09	TRUCK CHARGE	TRUCK CHARGE	1 EA	\$81.00
			ALARM AND DETECTION REGULAR LABOR	SFTW TSPW RG	2 HR	\$342.00

D-U-N-S 09-4738007
FED. ID 58-2608861**tyco** / Fire & Security / **SimplexGrinnell**District # 435
1545 PAMA LANE
LAS VEGAS, NV 89119-4304
702-739-1921

Billing Questions, Contact =

Bill To: 435-01196831Rhodes Homes
4730 S Ft Apache Rd
Ste #300
LAS VEGAS NV 89147-0000

INVOICE NO.

63867780

INVOICE DATE

09-12-08

PO NUMBER

SERVICE
REQUEST #

11256352

SERVICE REQ
CREATED

09-10-08

NATIONAL ACCOUNT NUMBER

PAYMENT TERMS

Due upon receipt

Ship To: 435-01680401X-It Condos
9050 W Tropicana
LAS VEGAS NV 89147-0000**"Let us know how we are doing"**
www.simplexgrinnell.com**Service Requested By:****Requestors Phone Number:**

Description of work

- (1) KH SEMI ANNUAL
- (1) KH ADDITIONAL CYLINDER INSP
- (1) KH LINK LINE ADJ.
- (7) FUSIBLE LINK
- (3) BLOW OFF CAP-METAL

SIGNATURE ON FILE:

ERIC OSTROW

Labor

Material

Other

Invoice Amount

Taxes

Total Invoice Amount

Payment Received

\$2,625.00

\$10.00

\$2,635.00

\$203.44

\$2,838.44

\$0.00

WE ACCEPT ALL MAJOR CREDIT CARDS**Total Amount Due****\$2,838.44**

REMITTANCE COPY

tyco / Fire & Security / **SimplexGrinnell**

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE

\$2,838.44

BILL TO Rhodes Homes
435-01196831
SHIP TO X-It Condos
435-01680401

INVOICE NUMBER 63867780

INVOICE DATE 09-12-08

CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine

IL

60055-0320

9000283844563867780

☐ Check Box and Complete Reverse Side for Credit Card Payments OR Pay Online at **www.simplexgrinnell.com**

09-12-08

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
11256352	16595815	10-SEP-08	SUPPRESSION LABOR	1-SUPLER	1 EA	\$0.00
11256352		10-SEP-08	FUEL SURCHARGE	FUEL SURCHARGE	1 EA	\$10.00
11256352	16595815	12-SEP-08	SUPPRESSION MATERIAL	1-SUPMTL	35 EA	\$2,625.00

UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor: Rhodes Design and Development Corporation		Case Number: 09-14846	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property): US- Yellow, Inc		<input type="checkbox"/> Check box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed On: / / <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name and address where notices should be sent: US- Yellow, Inc PO Box 3110 Jersey City, NJ 07303			
TEL: (877) 360-0794			
Name and address where payment should be sent (if different from above): Name: _____ Address 1: _____ Address 2: _____ Address 3: _____ Address 4: _____ Address 5: _____ TEL: () -			
Carefully read instructions included with this Proof of Claim before completing. In order to have your claim considered for payment and/or voting purposes, complete ALL applicable questions. The original of this Proof of Claim must be sent to: The Rhodes Companies, LLC, c/o Omni Management Group, LLC, 16161 Ventura Boulevard, Suite C, PMB 477, Encino, CA 91436-2522.			
1. Amount of Claim as of Date Case Filed: \$ 1291.00		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or charges.		Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under - 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (). Amount entitled to priority: \$	
2. Basis for Claim Yellow Pages Advertising (See instruction #2 on reverse side)			
3. Last four digits of any number by which creditor identifies debtor: 9570			
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim. (See instruction #4 on reverse side.) <input type="checkbox"/> Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount Secured \$ _____ Amount Unsecured \$ _____			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		THIS SPACE IS FOR COURT USE ONLY <div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED MAY 06 2009 </div> By Omni Management Group, Claims Agent For U.S. Bankruptcy Court District of Nevada	
Date 04/24/2009 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney, if any. Signature _____ Printed Name Traci Mastrocinque Title Office Mgr			



US-YELLOW
National Yellow Pages

Case 09-14814-gwz Doc 748-1 Entered 11/17/09 19:05:26 Page 18 of 28

Account No.	Invoice No.	Bill Date	Total Due
3306-1449576	913268-312	4/29/2009	\$1,291.60

INVOICE

Important Information

BILLING ADDRESS:

Rhodes Design & Development
4730 S Fort Apache Rd
Las Vegas, NV 89147

- For changes, questions or enhancements to your listing, contact our customer service department. Call (877-360-0794) or fax (800-390-0150).
- We are not affiliated with AT&T or any local telephone company.

Account Activity

Last Published Edition: 2008 JUNE EDITION

Customer Service 877-360-0794
Fax # 800-390-0150
US-Yellow's Federal Tax ID# 58-2442391

Charges for previously published editions

2007 JANUARY EDITION	\$311.50
2007 JUNE EDITION	\$326.70
2008 JANUARY EDITION	\$326.70
2008 JUNE EDITION	\$326.70

TOTAL DUE..... \$1,291.60

0-B001-001-001

If the balance has been settled, please disregard this notice.
DETACH AND RETURN LOWER PORTION WITH PAYMENT.



US-YELLOW
National Yellow Pages

Account No.	Invoice No.	Bill Date	Total Due
3306-1449576	913268-312	4/29/2009	\$1,291.60

BILLING ADDRESS:

Rhodes Design & Development
4730 S Fort Apache Rd
Las Vegas, NV 89147

AMOUNT ENCLOSED



Credit Card #

Exp. Date

Sign

Date

- DO NOT ATTACH CHECK TO REMITTANCE
- WRITE INVOICE # ON CHECK

PLEASE MAKE ANY NECESSARY CHANGES TO YOUR LISTING PROFILE ON REVERSE

REMIT PAYMENT TO: USY PO BOX 3110, JERSEY CITY, NJ 07303-3110



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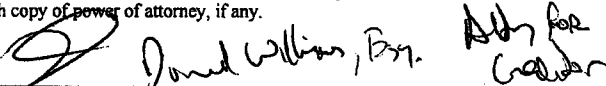
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 Fax .(281) 364-0846
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B 10 (Official Form 10) (12/08)

UNITED STATES BANKRUPTCY COURT		District of Nevada	PROOF OF CLAIM
Name of Debtor: THE RHODES COMPANIES, LLC aka "Rhodes Homes, et al."		Case Number: BK-S-09-14814-LBR	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): WESTAR KITCHEN & BATH, LLC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where notices should be sent: 612 South Tenth Street Las Vegas, Nevada 89101			
Telephone number: (702) 320-7755			
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ <u>60,309.34</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____	
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2 on reverse side.)		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Mechanic's Liens Intended to be Enforced Value of Property: \$ _____ Annual Interest Rate: ____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>9,733.08</u> Amount Unsecured: \$ <u>50,576.26</u>			
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____			
Date: <u>5/11/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. 		FOR COURT USE ONLY	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

14

NOTICE OF RIGHT TO LIEN

Prepared for the Claimant by:

Asset Research Services, Inc.*
 PO Box 7562 Chandler, AZ 85246-7562
 (480) 940-4290 (800) 783-9636
 Fax (480) 496-6735 (888) 496-6736

The Undersigned notifies you that:

WESTAR KITCHEN & BATH LLC

7370 DEAN MARTIN DR STE 401
 LAS VEGAS NV 89139-6949
 (480) 612-8145

Has supplied materials or equipment or performed work or services as follows:

SUPPLY, DELIVER AND OR INSTALL APPLIANCES

For improvement of the property identified as:

104 HONORS COURSE DR
 LAS VEGAS NV 89148-0001
 LOT 39, RHODES RANCH PARCEL 20-UNIT 1 - APN# 176-17-214-039
 CITY of LAS VEGAS in CLARK COUNTY, State of Nevada

Under contract with:

RHODES DESIGN - PARENT
 4730 S FORT APACHE RD STE 300
 LAS VEGAS NV 89147-7947
 (702) 873-5338

The estimated total price of the above, but not limited to, is:

\$6,174.59

*** NOTICE TO PROPERTY OWNER ***

THIS IS NOT A NOTICE THAT THE UNDERSIGNED HAS NOT BEEN OR DOES NOT EXPECT TO BE PAID, BUT A NOTICE REQUIRED BY LAW THAT THE UNDERSIGNED MAY, AT A FUTURE DATE, RECORD A NOTICE OF A LIEN AS PROVIDED BY LAW AGAINST THE PROPERTY IF THE UNDERSIGNED IS NOT PAID.

DATED AT CHANDLER, ARIZONA

APRIL 16, 2009

Asset Research Services, Inc. as Limited Agent

By B Gauthier Document Administrator

FOR: WESTAR KITCHEN & BATH LLC

Invoice/Job# or Amend#: 435666

Project Name or Sub: THE MAJORS



Doc#1235196 NV_PRELIM Rev#177378 Batch#121591168-06:57Y

ORIGINAL

IN ACCORDANCE WITH SECTIONS NRS 108.221 TO 108.245 AND NRS 339.035 OF NEVADA STATUTES: *** THIS IS NOT A LIEN ***. THIS IS NOT A REFLECTION ON THE INTEGRITY OF ANY CONTRACTOR OR SUBCONTRACTOR.

Owner Or Required Owners Or Public Agency

RHODES RANCH G P
 4730 S FORT APACHE RD STE 300
 LAS VEGAS NV 89147-7947

Certified #: 7119 6571 7070 1234 1923

Lender Or Reputed Lender

OWNER FINANCED

Original Or Reputed Contractor

RHODES DESIGN & DEVELOPMENT CORP
 4730 S FORT APACHE RD STE 300
 LAS VEGAS NV 89147-7947
 (702) 873-5338
 Certified #: 7119 6571 7070 1234 1916

Purchase Contractor

RHODES DESIGN - PARENT
 4730 S FORT APACHE RD STE 300
 LAS VEGAS NV 89147-7947
 (702) 873-5338

Also Notified Bonding Agent Or Tenant

** Attention: R/c Section 1, per Senate Bill 152 NRS 108.228 ** SUPPLIER OF MATERIALS, listed herein, hereby requests that copy of NOTICE OF COMPLETION be mailed CERTIFIED MAIL to same.

* Asset Research Services, Inc. IS ACTING ONLY AS LIMITED AGENT FOR THE CLAIMANT AND HAS NO AUTHORITY BEYOND THE PREPARATION OF DOCUMENTS NECESSARY TO IMPOSE A CLAIM OF LIEN. THE ABOVE INFORMATION NEEDS VERIFICATION PRIOR TO FILING A LIEN
 Copyright © 2009 Asset Research Services, Inc. All Rights Reserved

NOTICE OF RIGHT TO LIEN

Prepared for the Claimant by:

Asset Research Services, Inc.
PO Box 7562 Chandler, AZ 85246-7562
(480) 940-4290 (800) 783-8636
Fax (480) 496-5735 (888) 496-5736

The Undersigned notifies you that:

WESTAR KITCHEN & BATH LLC

7370 S INDUSTRIAL ROAD #401
LAS VEGAS NV 89139-5949
(480) 612-8145

Has supplied materials or equipment or performed work or services as follows:

APPLIANCES & PLUMBING

For improvement of the property identified as:

484 VIA DEL FORO DR
HENDERSON NV 89011-0184
LOT 27 BLOCK 1, TUSCANY PARCEL 16 - APN# 160-32-713-027
CITY of HENDERSON in CLARK COUNTY, State of Nevada

Under contract with:

RHODES DESIGN - PARENT
4730 S FORT APACHE RD STE 300
LAS VEGAS NV 89147-7947
(702) 873-5338

The estimated total price of the above, but not limited to, is:

\$3,558.49

*** NOTICE TO PROPERTY OWNER ***

THIS IS NOT A NOTICE THAT THE UNDERSIGNED HAS NOT BEEN OR DOES NOT EXPECT TO BE PAID, BUT A NOTICE REQUIRED BY LAW THAT THE UNDERSIGNED MAY, AT A FUTURE DATE, RECORD A NOTICE OF A LIEN AS PROVIDED BY LAW AGAINST THE PROPERTY IF THE UNDERSIGNED IS NOT PAID.

DATED AT CHANDLER, ARIZONA

FEBRUARY 25, 2009

Asset Research Services, Inc. as Limited Agent

By B Gauthier Document Administrator

FOR: WESTAR KITCHEN & BATH LLC

Invoice/Job# or Amends: 431962

Project Name or Sub: MELAM TS16



Doc#1225731 NV_PRELIM Rm#17111 Batch#128781148-55-55Y

ORIGINAL

IN ACCORDANCE WITH SECTIONS NRS 108.221 TO 108.246 AND NRS 339.035 OF NEVADA STATUTES: *** THIS IS NOT A LIEN ***. THIS IS NOT A REFLECTION ON THE INTEGRITY OF ANY CONTRACTOR OR SUBCONTRACTOR.

Owner Or Reputed Owners Or Public Agency

TUSCANY ACQUISITIONS IV LLC
4730 S FORT APACHE RD STE 300
LAS VEGAS NV 89147-7947

Certified #: 7119 6571 7070 1211 9386

Lender Or Reputed Lender

OWNER FINANCED

Original Or Reputed Contractor

RHODES DESIGN & DEVELOPMENT CORP
4730 S FORT APACHE RD STE 300
LAS VEGAS NV 89147-7947
(702) 873-5338
Certified #: 7119 6571 7070 1211 9379

Purchase Contractor

RHODES DESIGN - PARENT
4730 S FORT APACHE RD STE 300
LAS VEGAS NV 89147-7947
(702) 873-5338

Also Notified Bonding Agent Or Tenant

"* Attention: Re: Section 1, per Senate Bill 152 NRS 108.228, " SUPPLIER OF MATERIALS, listed hereon, hereby requests that copy of NOTICE OF COMPLETION be mailed CERTIFIED MAIL to same.

* Asset Research Services, Inc. IS ACTING ONLY AS LIMITED AGENT FOR THE CLAIMANT AND HAS NO AUTHORITY BEYOND THE PREPARATION OF DOCUMENTS NECESSARY TO IMPOSE A CLAIM OF LIEN. THE ABOVE INFORMATION NEEDS VERIFICATION PRIOR TO FILING A LIEN
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EXHIBIT C

LARSON & STEPHENS
810 S. Casino Center Blvd., Suite 104
Las Vegas, Nevada 89101
Tel: (702) 382-1170 Fax: (702) 382-1169

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LARSON & STEPHENS
810 S. Casino Center Blvd., Suite 104
Las Vegas, Nevada 89101
 Tel: (702) 382-1170 Fax: (702) 382-1169

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEVADA

In re:

THE RHODES COMPANIES, LLC, aka
 “Rhodes Homes,” et al.,¹

Debtors.

Case No.: BK-S-09-14814-LBR
 (Jointly Administered)

Chapter 11

Affects:

- ☐ All Debtors
☒ Affects the following Debtor(s):
 Apache Framing
 Pinnacle Grading
 Rhodes Design and Development
 Corporation
 The Rhodes Companies
 Tribes Holdings
 Tuscany Golf Country Club

Hearing Date: December 17, 2009
 Hearing Time: 9:30 a.m.
 Courtroom 1

¹ The Debtors in these cases, along with their case numbers are: Heritage Land Company, LLC (Case No. 09-14778); The Rhodes Companies, LLC (Case No. 09-14814); Tribes Holdings, LLC (Case No. 09-14817); Apache Framing, LLC (Case No. 09-14818); Geronimo Plumbing LLC (Case No. 09-14820); Gung-Ho Concrete LLC (Case No. 09-14822); Bravo, Inc. (Case No. 09-14825); Elkhorn Partners, A Nevada Limited Partnership (Case No. 09-14828); Six Feathers Holdings, LLC (Case No. 09-14833); Elkhorn Investments, Inc. (Case No. 09-14837); Jarupa, LLC (Case No. 09-14839); Rhodes Realty, Inc. (Case No. 09-14841); C & J Holdings, Inc. (Case No. 09-14843); Rhodes Ranch General Partnership (Case No. 09-14844); Rhodes Design and Development Corporation (Case No. 09-14846); Parcel 20, LLC (Case No. 09-14848); Tuscany Acquisitions IV, LLC (Case No. 09-14849); Tuscany Acquisitions III, LLC (Case No. 09-14850); Tuscany Acquisitions II, LLC (Case No. 09-14852); Tuscany Acquisitions, LLC (Case No. 09-14853); Rhodes Ranch Golf Country Club, LLC (Case No. 09-14854); Overflow, LP (Case No. 09-14856); Wallboard, LP (Case No. 09-14858); Jackknife, LP (Case No. 09-14860); Batcave, LP (Case No. 09-14861); Chalkline, LP (Case No. 09-14862); Glynda, LP (Case No. 09-14865); Tick, LP (Case No. 09-14866); Rhodes Arizona Properties, LLC (Case No. 09-14868); Rhodes Homes Arizona, L.L.C. (Case No. 09-14882); Tuscany Golf Country Club, LLC (Case No. 09-14884); and Pinnacle Grading, LLC (Case No. 09-14887).

**ORDER GRANTING DEBTORS' FIFTH OMNIBUS OBJECTION TO CLAIMS
PURSUANT TO SECTION 502(b) OF THE BANKRUPTCY CODE AND
BANKRUPTCY RULES 3003 AND 3007
[BOOKS AND RECORDS CLAIMS] [DOCKET NO. ____]**

Upon consideration of the *Debtors' Fifth Omnibus Objection to Claims Pursuant to Section 502(b) of the Bankruptcy Code and Bankruptcy Rules 3003 and 3007 [Books and Records Claims]* [Docket No. ____] (the "Fifth Omnibus Objection"),² filed by above-captioned debtors and debtors in possession (collectively, the "Debtors"), requesting that the Court enter an order disallowing the Books and Records Claims; and the Court having jurisdiction to consider the Fifth Omnibus Objection and the relief requested therein pursuant to 28 U.S.C. §§ 157 and 1334; and the relief requested therein being a core proceeding pursuant to 28 U.S.C. § 157(b); and venue being proper before this Court pursuant to 28 U.S.C. §§ 1408 and 1409; and the Court having reviewed the Fifth Omnibus Objection; the Court hereby finds and determines that, pursuant to Rule 3007 of the Federal Rules of Bankruptcy Procedure, due and proper notice has been provided to the holders of the Books and Records Claims and all other parties entitled to notice; and no other or further notice is necessary; and the relief requested in the Fifth Omnibus Objection is in the best interests of the Debtors, their estates and creditors; and that the legal and factual bases set forth in the Fifth Omnibus Objection establishes just cause for the relief requested therein; therefore

IT IS HEREBY ORDERED THAT:

1. The Fifth Omnibus Objection is granted.
2. The Books and Records Claims identified on **Exhibit A**, attached hereto, are hereby disallowed and expunged in their entirety.
3. This Court shall retain jurisdiction to hear and determine all matters arising from the implementation of this Order.

² Capitalized terms used but not defined herein shall have the meanings ascribed to them in the Fifth Omnibus Objection.

APPROVED/DISAPPROVED:

DATED this ____ day of December 2009.

By: _____
UNITED STATES TRUSTEE
August B. Landis
Office of the United States Trustee
300 Las Vegas Blvd. S., Ste. 4300
Las Vegas, NV 89101

Submitted by:
DATED this 17th day of December 2009.

By: /s/ Zachariah Larson
LARSON & STEPHENS
Zachariah Larson, Esq. (NV Bar No 7787)
Kyle O. Stephens, Esq. (NV Bar No. 7928)
810 S. Casino Center Blvd., Ste. 104
Las Vegas, NV 89101
(702) 382-1170 (Telephone)
(702) 382-1169
zlarson@lslawnv.com
Attorneys for Debtors

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LR 9021 Certification

In accordance with LR 9021, counsel submitting this document certifies as follows (check one):

___ The court has waived the requirement of approval under LR 9021.

___ No parties appeared or filed written objections, and there is no trustee appointed in the case.

___ I have delivered a copy of this proposed order to all counsel who appeared at the hearing, any unrepresented parties who appeared at the hearing, and any trustee appointed in this case, and each has approved or disapproved the order, or failed to respond, as indicated below.

Submitted by:

DATED this 17th day of December, 2009.

By: /s/ Zachariah Larson

LARSON & STEPHENS

Zachariah Larson, Esq. (NV Bar No 7787)

Kyle O. Stephens, Esq. (NV Bar No. 7928)

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